



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue Cambridge MA 02139 (617) 349-6140

## APPLICATION FOR COMMON VICTUALER LICENSE

Corporate Name of Business

D/B/A

Federal Tax ID #

Address of Business

Business Tel. No.

Owner/Manager

Home Tel. No.

Cell No.

Website

Physical Description of premises

Patio

Roof

Is this a franchise Yes

No

Kitchen description

Sq. Footage

Lunch Counter?

Proposed seating capacity

Tables/No. seats

Booths/No.seats

Outside seating

Total Occupancy

Type of food to be served:

Breakfast

Yes

No

Lunch

Yes

No

Dinner

Yes

No

Do you intend to apply for an alcoholic beverages license during the license year?

If so, what kind? All alcoholic

Wine and Malt

Hours of operation: Days

Open

Close

Applicant's Name

Tel. No.

Address

Emergency Tel. No.

E-mail address

Please attach a resume or description of your food business experience.

Has any license held by you ever been revoked, suspended or otherwise subject to disciplinary action?      Yes (attach full explanation of circumstances) No

Do you hold any other business or occupational licenses?      Yes(provide details) No

I/We hereby certify that I/We have read the foregoing application and know the content thereof, and that the statements contained therein are true and complete and I/We acknowledge that the City is not required to issue a license or to renew any license which is issued and that such license may be revoked at any time for misstatements or omission in the foregoing application or any violation of the terms and conditions of the license or of the laws of the Commonwealth of Massachusetts, or the ordinances, rules and regulations of the City of Cambridge.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

**\*\*Please Note: "Brown Bagging" or BYOB is not permitted in Cambridge.\*\***

## TAX CERTIFICATION FORM

License Year:

Licensee: Name

Address

D/B/A:

Manager:

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water, sewer and solid waste disposal bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Cambridge required by law.

\_\_\_\_\_  
Signature of Applicant or  
Corporate Name\*

\_\_\_\_\_  
By: Corporate Officer

\_\_\_\_\_  
Social Security #(voluntary) or Federal Identification Number\*\*

\*This license *will not be issued or renewed* unless this certification clause is signed by the applicant.

\*\*Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made pursuant to Massachusetts General Laws, Chapter 62C, Section 49A.